



Supplemental Application Data Sheet

APPLICATION INFORMATION

Application Number:: 10/680,313
Filing Date:: October 6, 2003
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD Disks:
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?::
Number of Copies of CRF::
Title:: GENE SHINC-1 AND DIAGNOSTIC AND
THERAPEUTIC USES THEREOF
Attorney Docket Number:: 224384
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 7
Small Entity?:: Yes
Latin Name::
Variety denomination name::
Petition Included?::
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Usha
Middle Name::
Family Name:: KASID
Name Suffix::
City of Residence:: Rockville
State or Prov. of Residence:: MD
Country of Residence:: US
Street of mailing address:: 7212 Dubuque Ct.

City of mailing address:: Rockville
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20855

Inventor Authority Type:: Inventor
Primary Citizenship Country:: JP
Status:: Full Capacity
Given Name:: Isamu
Middle Name::
Family Name:: SAKABE
Name Suffix::
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State or Prov. of Residence:: DC
Country of Residence:: US
Street of mailing address:: 1930 North Calvert, Apt. 303

City of mailing address:: Washington
State or Province of mailing address:: DC
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20057
Inventor Authority Type:: Inventor

Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Simeng
Middle Name::
Family Name:: SUY
Name Suffix::
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Country of mailing address:: US
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Inventor Authority Type:: Inventor
Primary Citizenship Country:: IN
Status:: Full Capacity
Given Name:: Deepak
Middle Name::
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Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: Imran
Middle Name::
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Name Suffix::
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Country of Residence:: US
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City of mailing address:: Wadsworth
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CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460
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REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	PCT/US02/10849	April 8, 2002
PCT/US02/10849	PCT of	60/281,779	April 6, 2001

FOREIGN APPLICATION INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed
			Yes
			Yes
			Yes

ASSIGNEE INFORMATION

First Assignee name:: Georgetown University
Street of mailing address:: 37th & O Streets NW

City of mailing address:: Washington
State or Province of
mailing address:: D.C.
Country of mailing
address:: US
Postal or Zip Code of
mailing address:: ~~22209~~20057

Second Assignee name:: NeoPharm, Inc.
Street of mailing address:: 150 Field Drive, Suite 195

City of mailing address:: Lake Forest
State or Province of
mailing address:: IL

Country of mailing
address::

US

Postal or Zip Code of
mailing address::

60045